

It is the intent of the tank(s) owner, to Permanently Close the tank(s) listed below in the manner indicated.  
All tanks will be empty and clean, free of all liquids and sludges as required in 40 CFR, Part 280.71 [b].

## NOTIFICATION OF TANK CLOSURE

RECEIVED  
N.C. Dept. NRCD

APR 27 1989

OWNERSHIP OF TANK(S)	LOCATION OF TANK(S)	Winston-Salem Regional Office
Name: <u>PETTY ENTERPRISES</u>	Site Name: _____	
Address: <u>RT. 4, Box 86</u>	Address: <u>SAME</u>	
<u>RANDLEMAN, NC 27317</u>		
Phone Number: _____	County: <u>RANDOLPH</u>	

TANKS FOR CLOSURE			
TANK NUMBER	TANK CAPACITY	LAST CONTENTS	CLOSURE METHOD
Tank 1	<u>6000</u>	<u>GASOLINE</u>	<u>To Be Removed</u> <u>To Be Filled</u>
Tank 2	<u>6000</u>	<u>DIESEL</u>	<u>To Be Removed</u> <u>To Be Filled</u>
Tank 3	_____	_____	To Be Removed To Be Filled
Tank 4	_____	_____	To Be Removed To Be Filled
Tank 5	_____	_____	To Be Removed To Be Filled

TANK(S) CLOSURE OPERATIONS TO BE PERFORMED BY:	
(Contractor) Name: <u>HARDIN'S Pump &amp; Compressor Inc.</u>	
Address: <u>Rt. 16 Box 519</u>	State _____ Zip _____
Contact: <u>Winston-Salem, NC 27107</u>	Phone: _____
<input type="checkbox"/> Is this operator knowledgeable of the requirements for the removal/filling of underground storage tanks ?	
<input type="checkbox"/> Is this operator and employees medically monitored as required by OSHA 29 CFR, Part 1910.120 [f] ?	
<input type="checkbox"/> Is this operator and employees specifically trained as required by OSHA 29 CFR, Part 1910.120 [e] ?	

TANK(S) CLOSURE ASSESSMENT TO BE PERFORMED BY:	
(Contractor) Name: <u>HARDIN'S PUMP &amp; COMPRESSOR, INC.</u>	
Address: <u>Rt. 16 Box 519</u>	State _____ Zip _____
Contact: <u>Winston-Salem, NC 27107</u>	Phone: _____
<input type="checkbox"/> Is this operator knowledgeable of requirements for the closure assessment in 40 CFR, Part 280.72 ?	
<input type="checkbox"/> Is this operator and employees medically monitored as required by OSHA 29 CFR, Part 1910.120 [f] ?	
<input type="checkbox"/> Is this operator and employees specifically trained as required by OSHA 29 CFR, Part 1910.120 [e] ?	

NOTIFICATION SUBMITTAL / NOTIFICATION DATE	
Name: <u>John T. Hardin</u>	Scheduled <sup>Filing</sup> Removal Date: <u>4/18/89</u>
Signature: _____	Date Submitted: <u>3/9/89</u>

Tank owners are required to notify the implementing state agency at least 30 days before a Permanent Tank Closure as required in 40 CFR, Part 280.71 [a]. For further information contact the U. S. Environmental Protection Agency RCRA / Superfund Hotline at 800-424-9346